

Instructions for Completing Hospital Grant Application FFY 2004-2005

1. The following basic instructions are designed to expedite the approval process of your HRSA grant application and to speed up the purchasing process.
2. Carefully review the entire Hospital Funding Guidelines document and especially to all of the guidelines sections such as Grant requirements, Operational Definitions, Required Information, Budget, etc.
3. Schedule a meeting with appropriate hospital staff to summarize the grant guidelines document. Appropriate department heads, safety officer, disaster planner, fiscal officer, etc. should attend this meeting.
4. Determine the focus of the grant application based on the amount of funding available to the hospital from the Hospital Funding Formula, the Objectives listed for each critical benchmark identified in the grant guidelines, and the progress made towards those critical benchmarks during the previous funding cycle. Results from your previous hospital needs assessment must also be considered during this process. Every CBM must be addressed in the grant and an update on every CEB in every drawdown submitted.
5. Begin completing a draft of the Hospital Application Format – Template 1. Please ensure that all information concerning your hospital is correct such as the mailing address, federal identification number (check with the financial officer to ensure the correct number), etc. As this template is being completed, please provide adequate narrative to clearly define your project(s) for each critical benchmark. The narrative should support all of the check boxes that were checked on the grant guidelines in the “Objective Confirmation Column” of the guidelines.
6. Ensure that the Fiscal Officer’s mailing address is the mailing address where a paper check can be mailed.
7. Ensure that appropriate hospital staff reviews the draft application and provides comments as appropriate prior to completing the final draft of the application.
8. Complete the Implementation Schedule (Template 2). The Implementation Schedule indicates what is to be done by whom and by what date.
9. Complete the Detailed Budget narrative (Template 4) - take one detailed budget sheet for each CBM, identify the CBM at the top, then list all items to be purchased with a detailed description of the item and provide the cost per item) and the total for items (10 at \$50.00 = \$500.00) on this sheet. Total all items for each CBM at the bottom and place the **Total for the CBM** on the Composite Budget sheet (template 3) under the appropriate CBM. **(Do not itemize items on composite budget sheet). Ensure that the total of the budget on the composite budget form is not more than the allocated amount awarded to the hospital.**
10. Complete the Electronic Payment Form (Template 5) if the hospital desires to use this form. This form will expedite payment.
11. E-mail an electronic copy of the application with templates to the Regional BT Specialist in your area. The Regional BT Specialist will review the application and notify you by e-mail of any recommendations that need to be incorporated into the application.
12. **THIS IS IMPORTANT** - After all corrections/changes recommended by the Regional BT Specialist are made to the grant application, please print two completed Grant Applications and TWO Completed Certification and Acceptance Forms. **Each form** must have an **ORIGINAL** signature and date field completed. **Email an electronic copy of the final grant version to the Regional BT Specialist.** Mail both original grants including all templates to the Regional BT Specialist in your area.

Regional BT Specialist

Lyle Johnston Eastern Regional BT Specialist Eastern Regional EMS Office 404 St. Andrews Street Greenville, NC 27834 Lyle.johnston@ncmail.net (252) 355-9026	Ann Marie Brown Central Regional BT Specialist Central Regional EMS Office 2717 Mail Service Center Raleigh, NC 27699-2717 Annmarie.brown@ncmail.net (919) 715-2321 ext. 208	Anita Cox Western Regional BT Specialist Western Regional EMS Office 932 Old 70 Hwy West – Bldg. 14 Black Mountain, NC 28711 Anita.cox@ncmail.net (828) 669-3381
--	---	--